

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
SERVICE ACCESS FOR INDEPENDENT LIVING

SERVICE ACCESS MONEY REQUEST (SAM)

Name of Consumer: _____ Date: _____

Consumer Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Birth Date: _____ Ethnic (circle): C AA H A O Sex (circle): M F

Social Security Number: _____

Living Arrangement: _____ Payee: _____

Monthly Income: _____ Case Manager: _____

Agency (Name, Address, Phone): _____

Items or Services Requested:

Invoice Attached: (circle) YES N/A

Rationale for Need:

Amount Requested: _____ Date Needed By: _____

Make Check Payable To: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

*****SAIL AUTHORIZATION*****

Case Number: _____ Service Code: _____

Request Authorized:

___YES ___NO

Amount: _____

Date Of Payment: _____

Authorized By: _____ Approved By: _____

2/29/2012